KQ21396

510(k) Summary

1.0 Submitter:

Name:

WRP Specialty Products Sdn Bhd.

Address:

Lot 11, Jalan 2, Kawasan Perushaan Bandar Baru Salak

Tinggi, 43900 Sepang, Selangor Darul Ehsan, MALAYSIA

Phone No.:

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Date of Summary Prepared:

3 0 APR 2002

Contact Person: 2.0

Name:

V. Nadarajan

Phone No.:

+60 3 8706 9788

Fax No.:

+60 3 8706 5020

Name of the device: 3.0

Proprietary or Trade Name:

Dermagrip, and

1) Multiple or Customer's Trade Name

Classification Name :

2) Patient Examination Gloves (per 21 CFR 880.6250)

Device Name

Powder Free Purple Nitrile Examination Gloves, Non-

Sterile

Identification of The Legally Marketed Device: 4.0

Class I patient examination gloves, 80LZA, powder free, that meets all the requirements of ASTM standard D $6319-00a^{E1}$ and FDA 21 CFR 800.20.

Description of The Device: 5.0

> The Powder Free Purple Nitrile Examination Gloves, Non Sterile meets all the requirements of ASTM standard D 6319 – 00a^{E1} and FDA 21 CFR 800.20.

6.0 Intended Use of the Device:

The patient examination glove is a disposable device intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.

7.0 Summary of The Technological Characteristics of The Device:

The Powder Free Purple Nitrile Examination Gloves, Non Sterile is summarized with the following technological characteristics compared to ASTM or equivalent standards.

Characteristics	Standards	Device Performance		
Dimensions	$ASTMD 6319 - 00a^{EI}$	Meets		
Physical Properties	$ASTMD 6319 - 00a^{E1}$	Meets		
Freedom from pinholes	$ASTMD 6319 - 00a^{E1}$	Meets		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FDA 21 CFR 800.20			
Powder-Free	ASTM D 6124 – 01	< 2 mg/glove		
Biocompatability	Primary Skin Irritation in	Passes		
	Rabbits	(Not a primary skin irritant)		
	Dermal Sensitization	Passes		
		(Not a contact sensitizer)		

8.0 Substantial Equivalent Based on Assessment of Non-Clinical Performance Data

The performance test data of the non-clinical tests that support a determination of substantial equivalence is the same as mentioned immediately above.

9.0 Substantial Equivalent Based on Assessment of Clinical Performance Data

Clinical data is not needed for gloves or for most devices cleared by the 510(k) process.

10.0 Conclusion

It can be concluded that the Powder Free Purple Nitrile Examination Gloves, Non Sterile will perform according to the glove performance standards referenced referenced in Section 7 above and meet ASTM standards, and FDA requirements for water leak test on pinhole AQL. Consequently, this device is substantially equivalent to currently marketed devices.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

MAY 1 6 2002

Mr. V. Nadarajan Manager, QA/RA Lot 11, Jalan 2, Kawasan Perusahaan Bandar Baru Salak Tinggi, 43900 Sepang Selangor Darul Ehsan, MALAYSIA

Re: K021396

Trade/Device Name: Dermagrip and Multiple Powder Free Purple Nitrile

Examination Gloves

Regulation Number: 880.6250

Regulation Name: Patient Examination Gloves

Regulatory Class: I Product Code: LZA Dated: April 30, 2002 Received: May 2, 2002

Dear Mr. V. Nadarajan:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4618. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

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Timothy A. Ulatowski

Director

Division of Dental, Infection Control and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health

INDICATIONS FOR USE

Applicant:

WRP Specialty Products Sdn Bhd

510(k) Number (if known):	K021396				
Device Name:	POWI EXAN		FREE ON GLOV	PURPLE ES, NON STE	NITRILE ERILE
Indications For Use:					
A patient examination glove that is worn on the examiner patient and examiner.	is a dis	posable d or fing	device into ger to prev	ended for medi ent contaminat	cal purposes ion between
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Concurrence of CDRH, Office	e of De	evice Ev	aluation (C	DDE)	
(Division Sign-Off) Division of Dental, I and General Hospit 510(k) Number	al Devid	ces	l,		
Prescription Use(Per 21 CFR 801.109)	OR	Over-T	he-Counte	r	